

# Federal-State Cooperation: 1903-1956

The evolution of the Surgeon General's Conference with the State and Territorial health officers illustrates the durability of Federal-State cooperation in an ever-changing field. We are fortunate that Federal-State cooperation has been the usual order of business in public health for so long. This conference, established by law in 1902, antedates the provision of any regular mechanism for Federal-State cooperative planning and action in other matters of civil policy. It is still unique in that it is the only instance in which the entire body of State and Federal officials in a given field work together under law in an organized way.

Amendments to the Social Security Act later established an annual conference of the Chief of the Children's Bureau with the State and Territorial health officers. Then in 1946, the Public Health Service Act of 1944 was amended to require the Surgeon General to confer with State and Territorial hospital and mental health authorities. Since that time, we have had a joint conference of the Public Health Service and the Children's Bureau.

The broadening of these conferences reflects more than the broadening interest of the Federal Government in health. It reflects the broadening responsibility of the States and the notable strengthening of State and Territorial health programs. It also reflects many underlying and striking changes in health needs.

Let us compare, briefly, the first conference, in June 1903, with the 55th conference. The first conference met only one day. Twenty-two States and the District of Columbia were represented. In his annual report to Congress, Surgeon General Walter Wyman said of this meeting: "The delegates in turn gave synopses of the laws under which their respective boards (of health) operate, and a resolution was adopted favoring the formation of committees on special diseases and special consideration of such questions relating to the same as might be referred to them by the Surgeon General."

Those committees were on the following topics: scientific research and sanitation; prevention and spread of epidemic diseases; morbidity and mortality statistics; State legislation; and education. Subcommittees were appointed to report on cholera, yellow fever, plague, smallpox, tuberculosis, leprosy, and typhoid fever. It was agreed that resolutions of

future conferences were to be based on committee reports.

Fundamentally, that procedure has not changed. But what a difference today in composition and major topics of interest. The health officers here represent the 48 States, Alaska, the District of Columbia, Hawaii, Puerto Rico, the Virgin Islands, and Guam. Most are accompanied by program directors in one or more of the following fields: hospital and medical facilities, mental health services, maternal and child health and crippled children's services.

Through the Association of State and Territorial Health Officers, 7 permanent standing committees and 3 special committees have been in session and will present recommendations to the Service, the Children's Bureau, or to the association. It is noteworthy that none of the committees is concerned with one specific disease. Our concerns today are focused on Federal-State relationships, on broad categories of services and facilities needed for better health, and on people—mothers and children, American Indians, and migrant workers.

You have only to glance at the volume of the agenda to realize that this is a year-round working conference. Our Federal-State communications system is much more efficient. For this, we owe thanks to the association, its executive committee, the regional staffs of the Service, and the Children's Bureau.

There is another change. At that first conference and many thereafter, the initiative clearly came from the Public Health Service. Today, more often than otherwise, the initiative comes from increasingly vigorous and aggressive State and Territorial health departments.

I do not relinquish thereby one iota of the Public Health Service's responsibility for aggressive leadership. But we have only to glance at the international news to realize that exclusive leadership is the loneliest, the most sterile, and the least permanent. It is because our country has joint leadership in public health—Federal-State cooperative leadership—that all of us can undertake our individual and collective responsibilities with confidence and hope.

—*Excerpts from the opening remarks of*  
SURGEON GENERAL LEROY E. BURNEY.